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Substitute for form 1449/PTO	Complete if Known	
	Application Number	
INFORMATION DISCLOSURE	Filing Date	11/12/03
STATEMENT BY APPLICANT (Use as many sheets as necessary)	First Named Inventor	Robert F. de Sylva
	Art Unit	
	Examiner Name	
Sheet 1 of 1	Attorney Docket Number	N/A

Examiner Initials*	Cite No. ¹	Document Number Publication Date MM-DD-YYYY Number-Kind Code ^{2 (f knownt)}	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant	
			WWW.DD-1111	Applicant of once Document	Figures Appear
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	T ⁶
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